

A multiple-use approach to network development has been the hallmark of the Eastern Montana Telemedicine Network. During 2005-2006, medical and mental health clinical encounters, community health and continuing medical education and administrative activity accounted for a total of **2,422 videoconferences with 16,832 participants**. These diverse services bring value to individual member facilities and their communities at large.

Tele-mental Health services are EMTN's leading medical application. One thousand two hundred and four (1,204) mental health consultations were conducted during 2005/2006. An additional 476 medical consults were conducted in the specialty areas of cardiology, nephrology, diabetes education, emergency medicine, (although over the last year clinical applications have begun to be just as active), ENT and orthopedics. Other clinical applications included registered dietitian services, employee assistance counseling and geriatric assessment services. The Billings Clinic Emergency Department is available for consultative services 24 hours a day. Medical and mental health services represent over 65% of the total activity on the network. During 2005-2006 medical and mental health services saved patients \$571,354.00 in out of pocket expenses. Patient and provider satisfaction remains extremely high. Ninety four percent (94%) of the patients seen over telemedicine were retained in their local community. Ninety-six percent (96%) of the providers identified that patients seen over telemedicine would have been referred out of the community if the technology had not been available.

Education and administrative use represents significant activity on the network. The 273 educational activities conducted over the EMTN represent an annual saving of \$603,314.00 in travel costs and lost wages to participants. The 322 administrative meetings conducted over the EMTN saved network members \$262,019.00 in travel costs. Telebusiness, an interactive videoconferencing application, generated \$12,259.00 in revenue helping to offset the overall costs of the network.

Network Operation

The EMTN network office is housed at Billings Clinic, Billings, Montana. It is staffed by four FTEs:

- Director - 1 FTE
- Telemedicine technician – 2 FTEs
- Telemedicine RN – 1 FTE

Responsibilities include negotiating network agreement, network promotion, oversight of long range planning, solicitation of grant funding, coordinating and maintaining the master schedule, facilitating telemedicine consultation, providing technical assistance to the participating sites and coordinating the evaluation activities of the network. Conferences are scheduled from 7:00 am to 10:00 pm with a network staff person on call 24 hours a day to respond to requests for emergency medical consultations. All current network sites participate in the design, planning and implementation and ongoing operation of the EMTN. Each member provides financial support to the network, including personnel, transmission and operational costs.

Each site has one or more representatives at the bi-monthly site facilitator meetings held over the Network. Site facilitators take an active role in promoting EMTN in their community and advertising the various programs offered over the Network.

Additional Achievements

The Eastern Montana Telemedicine Network has a reputation as being one of the leading telemedicine programs in the country. EMTN takes an active role in promoting telemedicine services at a local, state, regional, national and international level.

- ◆ By working collaboratively with third party payers in Montana, EMTN was one of the first telemedicine networks in the nation to secure reimbursement from both public and private payers.
- ◆ EMTN staff was instrumental in development and subsequent passage of the State of Montana's telemedicine licensure legislation.
- ◆ EMTN is one of the founding members of the Montana Healthcare Telecommunication Alliance. This alliance was organized to promote and advocate for telemedicine services throughout the state of Montana.
- ◆ EMTN has been engaged at the federal level, influencing policy development in the areas of Universal Service Support and reimbursement.
- ◆ EMTN has sponsored an annual regional technical symposium
- ◆ EMTN has hosted several visits from national and international groups researching the potential benefits of telemedicine services to their organization and country.
- ◆ EMTN staff and clinician have presented at multiple regional and national conference. (Examples include, American Psychiatric Association, American Psychological Association, and the ATSP annual meetings)
- ◆ EMTN Director, Thelma McClosky Armstrong, is the Past President of the American Telemedicine Associations Board of Directors.
- ◆ EMTN was the 2002 recipient of the American Telemedicine Association President's *Award for the Advancement of Telemedicine*. This prestigious award is given to one telemedicine network a year for its outstanding and lasting contribution to the field of telemedicine.

PARTNERS IN HEALTH TELEMEDICINE NET'

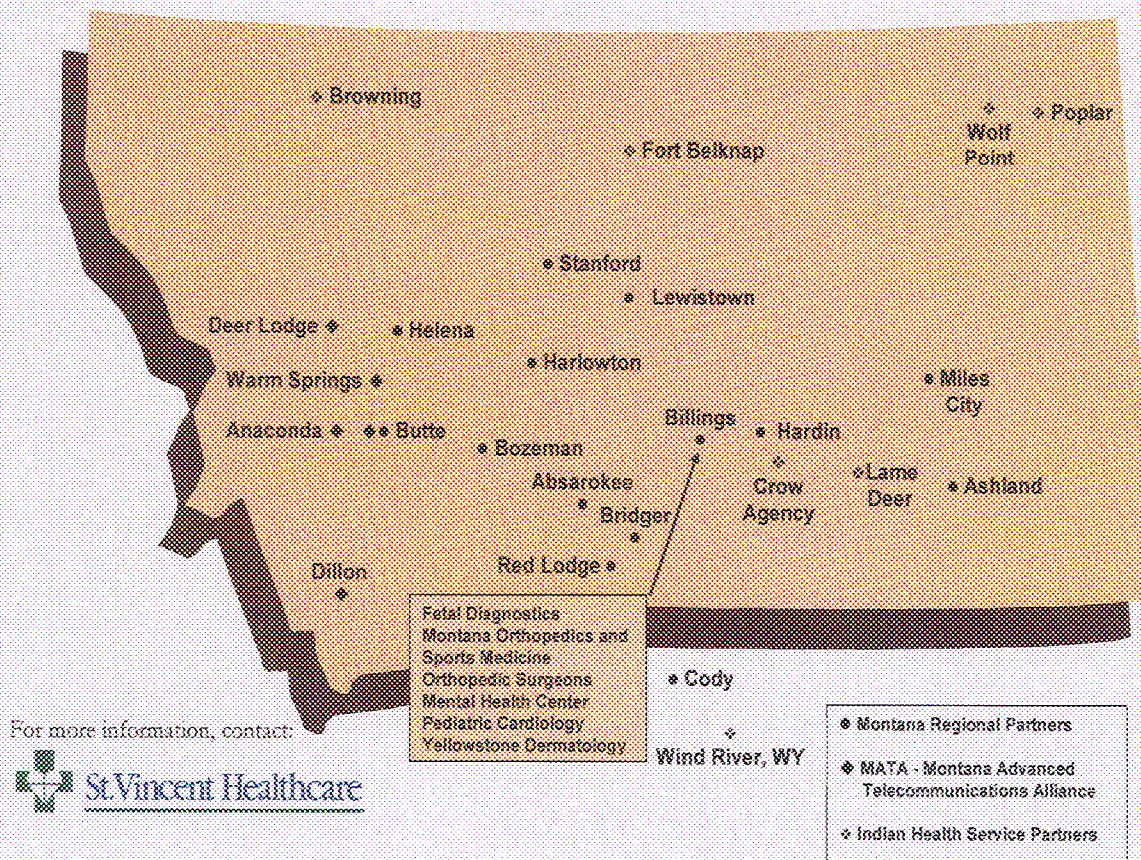
The Partners in Health Telemedicine Network (PHTN) began in 1995 as an innovative way to address integrate health care access concerns in rural Montana. It was a joint effort between St. Vincent Healthcare and Indian Health Services Area Office in Billings, Montana for connectivity to the Crow Service Unit at the Crow/Northern Cheyenne Hospital in Crow Agency and Northern Cheyenne Service Unit at the Northern Cheyenne Health Clinic in Lame Deer. Originally funded by a Federal Utility Service Grant, PHTN has successfully fulfilled numerous TIIAP /TOP, RUS, OAT, OHRP, CMS, AHRQ, and privately funded research grants since its inception. PHTN uses two-way interactive video telecommunications technology for the delivery of specialty medical services, continuing medical education, administrative functions and support of community health development initiatives in rural and geographically isolated communities in the northern Wyoming. Matching funds along with additional funding has allowed PHTN's growth to a multi state network of 30 sites interconnected by T1 and DS3 connections and 25 T1's (16 currently funded by RHC /USAC) to its hub site in Billings, Montana at St. Vincent Healthcare. The St. Vincent Healthcare campus also is robustly interconnected to PHTN.

PHTN Partners

PHTN received five competitive grants from three federal agencies supporting the growth and development of the network. They include:

- ◆ ***Telemedicine Opportunities Program (September 1997):*** Distance Learning and Telemedicine Grant program funded the equipment for the first 4 sites:
 - Northern Cheyenne Service Unit, Northern Cheyenne Clinic (Lame Deer)
 - Crow Service Unit, Crow/Northern Cheyenne Hospital (Crow Agency)
 - Billings Area Office (Billings)
 - Ashland Community Health Center (Ashland)
- ◆ ***Rural Utility Services Grant -*** (October 1999-September 2000)
 - Clarks Fork Medical Center (Bridger)
 - Mountain View Clinic (Red Lodge)
 - Hardin Clinic (Hardin)
 - Absarokee Medical Clinic (Absarokee)
 - Behavioral Health Clinic (Billings)
- ◆ ***Office for the Advancement of Telehealth*** telemedicine grant program (September 1997-August 2000)
 - Wheatland Memorial Hospital (Wheatland)
 - Central Montana Medical Center (Lewistown)
 - Stanford Medical Clinic (Stanford)
 - West Park Hospital (Cody, Wyoming)
 - Montana Orthopedics and Sports Medicine (Billings)
 - Orthopedic Surgeons and Sports Medicine (Billings)
 - Fetal Diagnostic Center (Billings)
 - Yellowstone Dermatology (Billings)
- ◆ ***Office for the Advancement of Telehealth*** telemedicine grant program (September 1999-August 2002)
 - Bozeman Deaconess Hospital (Bozeman)
 - Shodair Children's Hospital (Helena)
 - St. James Healthcare (Butte)
 - Holy Rosary Healthcare (Miles City)
- ◆ Other PHTN sites not grant funded include
 - Yellowstone Cardiology (Cody, Wyoming)
 - Hematology Oncology Center of the Northern Rockies (Sheridan, Wyoming)
 - Hematology Oncology Center of the Northern Rockies (Billings)
 - Community Crisis Center (Billings)
 - Center for Healthy Living (Billings)

Partners in Health Telemedicine Network



In order to provide access to care to its urban patients as well as its rural partners, PHTN has developed relationships and connectivity not only to the MHTA and its Montana partners but also regionally to The Children's Hospital in Denver, Colorado for pediatric cardiology support and the University of Utah, Intermountain Burn and Trauma Center in Salt Lake City for burn care.

Network Activity

PHTN continues to grow and transition. PHTN has matured to a network that primarily supports clinical applications while continuing to support administrative, education and business applications. PHTN has supported over 15,000 clinical encounters since 2002, currently averaging over 5,000 annually.

Tele-Pharmacy and Tele-Mental Health services are PHTN's primary clinical applications, with Tele-Pharmacy being the leader. Four thousand three hundred thirty four (4,354) prescriptions were filled supporting a **single rural** community during 2005-2006. An additional 326 medical consults were conducted in the specialty areas of mental health, family counseling, genetics,

orthopedics, endocrinology, pediatric echocardiology, pediatric gastroenterology and burn care. Services are continuing to expand to include diabetes education, nutritional consultation, cardiology, and oncology services. Tele-Pharmacy services alone saved patients \$156,744.00 in travel expenses while retaining patients within the community. TelePharmacy and medical service applications represent 88% of PHTN's total activity during 2005-2006. Patient savings of out-of-pocket travel expenses total \$479,073.60 during this same time period. Patient and provider satisfaction with telemedicine services remains high at 98%.

PHTN support of videoconferencing for the delivery of continuing medical education, community health and administrative functions accounted for a total of 5,280 videoconferences with 25,382 participants. The wide array of services provides great value to PHTN's partners and the communities they serve. While administrative functions are a valuable service to PHTN's partners, it represents only 2% of total network activity. The largest savings to partner sites is the delivery of community and continuing medical education services with 357 various sessions offered and attended by over 14,280 participants. This represents 7% of total network services but serves 56% of total network participant activity.

To provide educational opportunities to its members, PHTN collaborates with other telemedicine networks throughout the northwest region. Regular connectivity to Inland Northwest in Spokane, Washington State University, Idaho State University as well as University of Colorado Health Services in Denver provides a variety of opportunities for continuing education for professional and support services staff in urban as well as rural locations. PHTN in conjunction with the Montana Bio-Terrorism Education and Training Program has successfully provided multiple six-state interactive conferences to demonstrate the unique capabilities of interactive videoconferencing in the event of natural or biologic disasters.

Network Operation

The PHTN network office is housed at the Mansfield Health Education Center on the campus of Saint Vincent Healthcare in Billings, Montana. It is staffed by four FTEs:

Director - 1 FTE

Telemedicine technician – 2 FTEs

Telemedicine RN – 1 FTE

Responsibilities of PHTN staff include negotiating network agreements, network promotion, oversight of long range planning, solicitation of grant funding, coordinating and maintaining the master schedule, facilitating telemedicine consultation, providing technical assistance to the participating sites and coordinating the evaluation activities of the network. Conferences are typically scheduled from 7:00 am to 10:00 pm with a network staff person on call 24 hours a day to respond to requests for emergency medical consultations. All current network sites participate in the design, planning and implementation and ongoing operation of PHTN. Each member provides financial support to the network, including personnel, transmission and operational costs.

REACH MONTANA TELEHEALTH NETWORK

The REACH Montana Telehealth Network (RMTN) began in 1995 as a collaborative effort between Benefis Healthcare and nine rural facilities in Northcentral Montana. The goal of the original project was to develop interactive videoconferencing capability, with the intention of improving access to medical specialty and mental health services.

Today the RMTN includes 16 sites in eleven Montana communities. The RMTN has been operational since 1995 and is currently adding numerous clinical specialty services in addition to the expanding number of educational services available on the network.

RMTN Partners

The RMTN has received 4 competitive grants from two federal agencies supporting the development of telehealth networks. They are:

- ◆ ***Rural Utility Services (January 1993):*** Distance learning and telemedicine Grant program funded the equipment for the first 10 sites:
 - 9 Benefis Healthcare (formerly Montana Deaconess Medical Center) Great Falls
 - 9 Big Sandy Medical Center, Big Sandy
 - Glacier County Medical Center, Cut Bank
 - Liberty County Hospital & Nursing Home, Chester
 - Missouri River Medical Center, Fort Benton
 - 9 Mountainview Medical Center, White Sulphur Springs
 - 9 Northern Montana Hospital, Havre
 - Pondera Medical Center, Conrad
 - 9 Teton Medical Center, Choteau
 - Toole County Hospital, Shelby
- ◆ ***Rural Utilities Services, (October 2003):*** Distance Learning and Telemedicine Grant Program funded an upgrade to IP technology for all sites, including a new bridge at the hub site. Benefis Healthcare in Great Falls.
- ◆ ***Office for the Advancement of Telehealth (October 2003-August 2007):*** This telemedicine program funded the programmatic and operational development of the RMTN and the Northcentral Montana Healthcare Alliance, a rural health network of acute care hospitals in the region. Through the auspices of this grant and the RUS grant that was awarded at the same time, the RMTN added the following sites:
 - 9 Sweet Memorial Nursing Home, Chinook
 - 9 Sweet Medical Center, Chinook
 - Golden Triangle Mental Health, Great Falls
 - 9 Sletten Cancer Institute, Great Falls
 - Montana State University College of Technology, Great Falls
 - 9 Phillips County Hospital, Malta
- ◆ ***Rural Utilities Services (October 2006):*** Distance Learning & Telemedicine Grant program will fund the addition of clinical telehealth carts, including peripheral equipment like stethoscopes, cameras, otoscopes, etc. for all NMHA and RMTN sites.

The RMTN, while also growing in sites, services and programs, also enjoys a collaborative relationship with the two other telehealth networks in Montana. The Eastern Montana Telehealth Network (EMTN) and the Partners in Health Telemedicine Network (PHTN) are both in Billings and serve a multitude of rural sites in the eastern half of the state. The three networks have collaborated on clinical services, educational activities, disaster planning and response, Bioterrorism education and training drills, and have worked to extend state wide programming to their respective affiliates.

Network Activity

Even though the RMTN has been operational since 1995, its primary function has been educational until the upgrade to H.323 technology in 2004. Grant funding and the development of the Northcentral Montana Healthcare Alliance has both allowed and encouraged the steady development of clinical services.

RMTN enjoys a collaborative relationship with the other telehealth networks in Montana, and as a founding member of the MHTA, enjoys both excellent connectivity and relationships with other telecoms and video conferencing entities.

As part of the OAT grant that RMTN was awarded in 2003, home monitoring was added as a clinical service in partnership with Spectrum Home Medical, Inc. From 9/1/05 through 9/1/06 the RMTN hosted 2781 home health visits with a savings from nurse travel at over \$30,000 and hours saved over 865.

Even though administrative and medical education utilization of the RMTN have been the top two services of the network, utilization of clinical services, including teleradiology, mental health, spine/joint education, neurology and home health monitoring have grown steadily with almost 7000 encounters total from 9/1/05 through 8/31/06.

RMTN added the Sletten Cancer Institute in Great Falls as a network site in late 2006 when the new building opened. The Sletten Cancer Institute is affiliated with the Huntsmen Cancer Institute at the University of Utah in Salt Lake City and is now providing specialty oncology tumor boards and other educational consults. In addition, medical oncologists at the Sletten are now having follow up consults with their regional chemotherapy patients on the RMTN and are saving their patients multiple trips and expenses related to their care.

RMTN is also actively developing and has tested the provision of cardiology consults on the network and will soon be providing cardiology clinics in a number of RMTN and NMHA communities.

RMTN was recently made a site on the Intermountain Bum Network at the University of Utah in Salt Lake City and as such will be receiving equipment, training and ongoing education for EMS physicians at Benefis in Great Falls. RMTN sites in the region will also be able to have their bum patients seen at a distance and referral needs coordinated.

Network Operation

The RMTN offices are in Benefis Healthcare in Great Falls, Montana. The RMTN is staffed as follows:

Director - 1 FTE
Telehealth Coordinator - .8 FTE
Telemedicine technician – 1 FTE
Telemedicine RN – .5 FTE
Admin. Assistant - .5 FTE

Responsibilities include negotiating network agreement, network promotion, oversight of long range planning, grant development, coordinating and maintaining network scheduling, facilitating telehealth consultations, providing technical assistance and training to participating sites, and coordinating the activities of the network.

Consults and conferences are scheduled from **9am** to 10pm. The RMTN does not have 24/7 on call coverage, but will schedule events for off hours with prior notice. As RMTN develops additional clinical consults, arrangements for emergent coverage will be considered and developed.

Members of NMHA and RMTN provide financial support for the network and are actively engaged in the development, planning and operations of the network.

Each RMTN site has a site coordinator who handles the activities of the RMTN from the end user standpoint. The RMTN coordinator in the NMHA offices communicates regularly with the site coordinators and an annual meeting is held for further education and technical assistance.

Additional Achievements:

- ◆ RMTN is a member of the Northwest Region Telehealth Resource Center, an 8 state and Pacific Territory's entity that received OAT funding in 2006. The RMTN Director is a TRC board member.
- ◆ RMTN staff have attended multiple OAT grantees meetings and related telehealth educational conferences.
- ◆ RMTN and NMHA sponsor an annual regional Governance Conference and Physician CME Conference.
- ◆ The NMHA and RMTN Director is active at the Federal level and lobbies for telehealth funding and issues in DC.
- ◆ The NMHA Director is on the steering committee of the Montana State HIT Task Force.
- ◆ RMTN has partnered with the Montana Stroke Initiative and the MHREF Process Improvement Network to develop a network approach to stroke care and response for Critical Access Hospitals in the NMHA.

The two new networks that will benefit greatly from the FAhRM project are the Community Medical Center and St. Patrick Hospital, both of which are located in Missoula. Below is a short synopsis of their networks:

ST. PATRICK HOSPITAL AND HEALTH SCIENCES CENTER

St. Patrick Hospital is uniquely positioned to have an extraordinary impact on improved patient care and cost reduction through a unique telemedicine network initiated by cardiologists at the Hospital's International Heart Institute. Because St. Patrick Hospital is one of a few U.S. "hospitals with heart" seeking to influence national healthcare with Evidence-Based, patient-centered healthcare theory and practice, the Montana Cardiology Telemedicine Network promotes provider independence, open-architecture technology and clinical protocols to improve quality of care while keeping patient costs down.

St. Patrick Hospital is the only level II Trauma Center and has the most renowned cardiac program in Western Montana. The Hospital's history and standards of excellence are evidenced by consistently high status in national ratings: a five star rating in cardiac services on HealthGrades.com; the International Heart Institute rated in the "Top 100 U.S. Heart Hospitals" by *Solucient*, an independent healthcare policy institute, for three years in a row; and high national status for patient satisfaction on Press Ganey (in **2005**, ranking in the top 5% of all U.S. hospitals and in one quarter, the top 2%). The Hospital has established close relationships and is a leader in cooperation with all health providers in Western Montana, including rural and tribal providers, the (statewide) Western Montana Clinic, Partnership Health Center (for indigent patients), and independent physician practices throughout the region. These relationships led to the creation in 2004 of a regional consortium called the Northern Rockies Healthcare Network, representing rural hospitals, which meets regularly for regional strategic planning.

Until very recently, internet-based healthcare resources in Western Montana have been sparse or nonexistent for most rural communities, without formalized regional planning for Quality Improvement. In 2003, cardiologists at The International Heart Institute initiated the region's first telemedicine project called the Montana Cardiology Telemedicine Network (MCTN), with a focus on cardiology to address Montana's high rates of heart disease and to ground the program in Evidence-based protocols. Over 65% of St. Patrick Hospital cardiac patients come from outside the Missoula area, often by costly air transport or long-distance ground transport (with risks and delays in winter weather). The MCTN provides the infrastructure necessary for all other telehealth programs, connecting rural providers with each other and with the advanced resources of St. Patrick Hospital and other leading medical centers. Rural and Tribal provider independence is supported by St. Patrick Hospital and the MCTN—in contrast to for-profit models elsewhere in the U.S.

The St. Patrick Hospital cardiac program has worked for 18 years—without advanced communications and bearing all costs—to provide outreach and coordination of rural services, training and partnership development. The MCTN, in partnership with a growing number of rural providers, now provides the "backbone" for a collaborative Regional Health Information Organization (RHIO) that will accommodate tele-radiology, tele-pharmacy, Emergency networks, distance learning, on-line technical training, Continuing Medical Education (CME) and regional teleconferencing. Western Montana is one of the last regions in the country—and has (nationally) among the highest needs for—advanced technology access for isolated communities in a vast geographic area. MCTN goals and objectives offer comprehensive benefits beyond clinical and service delivery improvement to include innovative resource sharing and patient outreach and education for rural and Tribal communities, with a variety of strategies designed to assist in the development of alternative revenue streams for sustainable economic

development. Creating access to sources of capital decreases dependency on diminishing government reimbursements, and provides the wherewithal to sustain rural provider independence.

Since 2003 the MCTN has rapidly grown, now with 43 ECG machines installed in 20 communities and Digital Echo Sites installed in nine towns. The MCTN is Montana's first and only interoperable health information system, designed to connect rural/Tribal hospitals, clinics and physician practices (with future plans to include the VA, Indian Health Services and MT Dept. of Corrections) with the advanced resources at St. Patrick Hospital and other large medical centers. The MCTN works with a Tiger Team model of management, and includes local personnel training and support at each rural site.

St Patrick Hospital Foundation has financed the implementation of a telemedicine network throughout western Montana with the hub residing in St Patrick Hospital in Missoula, MT. Plans at St Patrick are to use expanded bandwidth to create a regional electronic medical record and telemedicine network connecting all of their current cardiology sites to hospital medical records and creating physician office medical records. They also need expanded bandwidth to run PACS concurrently over the network. They currently have plans to expand the regional PACS network to include Anaconda, Dillon, and Salmon ID hospitals if those facilities desire to join the network and depending on funding for the respective PACS systems. In the end, St. Patrick Hospital proposes to run a full electronic Medical record including images over the network in addition to providing real time telemedicine services to facilities in western Montana.

COMMUNITY MEDICAL CENTER

Community Medical Center is in the process of developing the Western Montana Telehealth Network (WMTN), and they are very supportive of this MHTA statewide project. They are committed to helping create a seamless link between all of the Telehealth networks in Montana, resulting in better and more responsive care for citizens and an avenue to respond to various disaster and security issues statewide. They promote the premise that regardless of geography, all Montanans will have access to the same technology, and all Montanans would benefit from having its tertiary hospitals and critical access hospitals be immediately responsive in prospective disasters and security issues.

The rural locations that are included in the plans for the Western Montana Telehealth Network include Marcus Daly Memorial Hospital in Hamilton; Clark Fork Valley Hospital in Plains; St. Luke's Healthcare Network in Ronan; Mineral County Hospital in Superior; St. Joseph's Hospital in Polson; Community Hospital of Anaconda in Anaconda; Granite County Memorial Hospital in Philipsburg; Powell County Memorial Hospital in Deer Lodge; Barrett Memorial Hospital in Dillon; and Steele Memorial Hospital in Salmon, Idaho. We would envision connecting to Community Medical Center's tertiary-level competitor in Missoula, St. Patrick Hospital and Health Sciences Center, and their managed hospitals, so that all hospitals can share the infrastructure and establish a Western Montana regional health information type of organization. Grant dollars are used to expand access to comprehensive, quality healthcare through provision of primary healthcare and healthcare workforce training.

9. Provide a project management plan outlining the project's leadership management structure, as well as its work plan, schedule, and budget.

Project Management Structure:

The project management structure includes co-program directors, the Executive Director of MHREF and the President of MHTA. Each will commit 10% of their time to the oversight of the implementation of this project. A Project Manager will be hired at .5FTE who will be responsible for the day-to-day operation of the plan including guiding the process of procuring and installing the routers and negotiating with the telecommunications provider for the core network. The Project Manager will also develop the RFP for the network design study and will direct the process for identifying and contracting with the network design company as well as overseeing the network design activities. Please see attached resumes of Kip Smith, Executive Director of MHREF and Doris T. Barta, President of MHTA.

This individual will work with both MHREF and MHTA to ensure that project goals and objectives are accomplished and if needed help modify the work plan. MHTA as a board will oversee the implementation of the work plan. The Project Manager will have direct reporting responsibility to the Board of Directors for MHTA and will also maintain a direct reporting relationship to the Executive Director of MHREF for fiduciary and grant management activities. (See organizational chart).

Grants Management:

MHREF is a 501 (c) (3) non-profit organization and maintains fiduciary responsibility on all grants received by MHA. The Foundation's Executive Director, Kip Smith, oversees all grant activities including ensuring all grant funds are expended appropriately and within the confines of the goals and objectives of the approved projects. MHREF has a dedicated accountant and follows Generally Accepted Accounting Procedures, and (when Federal Expenditures exceed \$500,000) receives an annual A-133 Audit. The grant funds received by MHREF are audited annually by an independent CPA firm, and all expenditures and revenues are reviewed by the Board of Directors.

This project has been built upon a strong collaboration among project partners identified in this proposal. This collaborative approach was built upon the premise that it is truly a partnership model—hence the co-director relationship with MHREF and MHTA, and a reporting relationship with the MHTA Board. The successful implementation of this approach will result in the program growth planned in this application for the state-wide region served by MHTA members. The organizational chart reflects the lateral relationships built upon the concept of partnership where the synergy of the members allows us to implement a state-wide program.

Work Plan

The following work plan outlines specific activities that will be conducted in order to meet the goals and objectives defined earlier in this proposal. The work plan assumes a start date of October 1, 2007. For the evaluation column, the abbreviations for evaluation methods are as follows: milestone tracking = MT, consortium partner survey = CPS, provider survey = PS, Telehealth Program Survey = NTPS. MT is a formative evaluation strategy; CPS, PS & TPS provide summative date.

Table 1: Goals, Objectivities and Action Steps

GOAL: TO DEVELOP A STATEWIDE INFRASTRUCTURE WITH THE CAPACITY TO CONNECT ALL NOT FOR PROFIT HEALTHCARE PROVIDERS IN THE STATE OF MONTANA THROUGH A SECURE, DEDICATED BROADBAND HEALTHCARE NETWORK.

Objective 1: Promote Interoperability among and between systems by exploring the use of a statewide network to improve, expand capacity on the existing statewide infrastructure.

Activities	Responsible persons	Timeline	Evaluation
1.1. Identify, negotiate with and contract with a telecommunications carrier to provide the expanded network identified in this proposal. A Request for Proposals (RFP) will be developed and provided to telecommunications carriers who serve Montana to ensure a competitive process has occurred to identify and purchase of the best service for the best cost.	Project Manager, Co-Project Directors		MT
1.2 Purchase and place six DS3 routers in strategic communities. This will expand the existing Transaria Cloud so that more telemedical applications can be conducted simultaneously over the network.	Project Manager, Subcontracted telecommunications carrier	2nd Quarter	MT; CPS; TPS; PS

Objective 2. Promoting Services through the use of services available, the promotion of shared services and through the development of new services.

Activities	Responsible persons	Timeline	Evaluation
2.1 Develop a competitive RFP for contracting with a business to conduct a network design study for the state of Montana	MHTA Board, Project Manager, Co-Project Directors	Quarter 1 & Quarter 2	MT
2.2 Conduct a Design Study to identify the existing need for telecommunications capacity in Montana and plan for a strategic probable expansion based on community need and strategic business development plans	Project Manager, Subcontracted Design Study Team	2 nd & 3 rd Quarters	MT

2.3 Develop a state wide plan for added connectivity for all existing telemedicine networks, for all potential telemedicine services and with the capacity to connect all healthcare providers in the state of Montana	MHTA Board, Project Manager, Co-Project Directors, Consortium Members	4 th Quarter, Year 2 Quarter 1	MT
2.4 Offer connectivity to those health care providers who currently do not have the capacity to use a broadband infrastructure and improve services for those communities through the use of telemedicine applications	MHTA Board, Project Manager	Year 2 2 nd and 3 rd Quarters	MT; CPS; TPS; PS
Objective 3. Cost Reduction for the operation of telemedicine networks through shared resources and reduction of transmission costs.			
Activities	Responsible persons	Timeline	Evaluation
3.1. Provide budget neutrality with the potential of cost reduction for those who currently have connectivity and a cost effective plan for those sites who want to engage in telehealth activities	MHTA Board, Project Manager	Year 2 3 rd and 4 th Quarters	MT;CPS; TPS; PS
3.2 Expand band with for multiple applications which will reduce the cost of multiple TI lines into healthcare facilities. The design study will identify new and/or enhanced programs and promote program development.	MHTA Board, Project Manager	Year 2 3 rd and 4 th Quarters	MT; CPS; TPS; PS
Objective 4. Year two – secure funding to implement the design study that was conducted in year one.			
Activities	Responsible persons	Timeline	Evaluation
4.1 Provide education and information regarding the expanded broadband network infrastructure that is available for all non-profit healthcare entities in the state of Montana.	MHTA Board, Project Manager, Consortium members	Year 1 4 th Quarter, Year 2 ongoing	MT; CPS; TPS; PS
4.2 Secure commitments from current and new partners to purchase services over the expanded broadband infrastructure	MHTA Board, Project Manager	Year 1 4 th Quarter, Year 2 ongoing	MT; CPS; TPS; PS

4.3 Develop a competitive RFP for expansion of current broadband network. Identify, negotiate with and contract with a telecommunications carrier to provide the expanded network identified in this proposal. Use the RFP process to ensure a competitive process has occurred to identify and purchase of the best service for the best cost.	MHTA Board, Project Manager, Co-Project Directors,	Year 1 4 th Quarter, Year 2 1 st Quarter	MT
4.4 Connect all not for profit organizations in the state to the statewide broadband secure healthcare network.	MHTA Board, Project Manager, Consortium Members	Year 2	MT

Evaluation Plan

The project evaluation plan's primary goal is to assess each of the four objectives and related action steps as accomplished within the grant period. In order to evaluate the development and functions of the FAhRM Project, evaluation activities will focus on four assessment methods: 1) milestone achievement tracking for each of the objectives and action steps, 2) Consortium Partner Surveys, and 3) New Telehealth Program Surveys, and 4) Provider Surveys. Table 1 indicates the specific assessment method that will be used to evaluate each activity.

Following are specific details on the methods to be used and type of information to be collected per outcome.

1. Milestone Tracking

An achievement of activities timeline for each grant objective is presented in Table 1. Each of these action steps will be considered a project milestone, tracking the proportion of action steps achieved within the stated timeframe. Assessment of milestone tracking will be conducted on a quarterly basis across the two -year period of the project.

2. Consortium Partner Surveys

A survey will be developed in-house to obtain consortium partners' opinions about the effectiveness of the FAhRM Project. The survey will be administered at years one and two of the Project period. The purpose of the partner survey is to provide the FAhRM Project with global information about the effectiveness of its operations and progress toward achieving specific project objectives. Surveys will be mailed or sent electronically to the individuals responsible for the technical operation of the telehealth program at each partner institution and for telehealth clinical/educational program development. The survey will consist of a mix of forced-choice, close-ended items and limited response open-ended items. Participants will respond to the close-ended items on a scale ranging from 1 = "not at all/never/very unsatisfied" to 4 = "very well/very often/very satisfied." The survey will take approximately 20 minutes to complete. A follow-up survey will be sent two weeks after the initial release to those who have not yet responded. In order to assure anonymity, respondents will not identify themselves. However, on submission of the survey, respondents will contact the project manager by e-mail or phone to indicate that they have submitted the survey. This will

allow the project manager to track responders and non-responders. In addition, several of the questions from the survey will be administered to the consortium partners at the MHTA quarterly board meetings in order to collect additional information in a focus group format.

3. Telehealth Program Survey,

One outcome expected from the FAhRM Project is the enhancement of existing telehealth program and the development of new telehealth programs. A survey will be developed in-house to obtain the opinions of the new programs' staff regarding responsiveness to their needs through the design study. Surveys will be sent to the telehealth staff six months after they have received help from the FAhRM Project. The survey will consist of a mix of forced-choice close-ended items and limited response open-ended items. Participants will respond to the close-ended items on a scale ranging from 1 = "not at all/never/very unsatisfied" to 4 = "very well/very often/very satisfied." The survey will take approximately 20 minutes to complete. A follow-up survey will be sent two weeks after the initial release to those who have not yet responded. In order to assure anonymity, respondents will not identify themselves. However, on submission of the survey, respondents will contact the project manager by e-mail or phone to indicate that they have submitted the survey. This will allow the project manager to keep track of responders and non-responders.

4. Provider Surveys

Because some programs and services of the FAhRM Project will be targeted at healthcare providers, specific surveys will be developed to obtain the opinions of healthcare providers on the value and accessibility of the FAhRM Project and services. When appropriate, surveys will also be used to assess the healthcare providers' knowledge and awareness of the use of telehealth systems in delivering healthcare services. The surveys will be administered within three months after healthcare providers have been exposed to FAhRM services. Surveys will be mailed or sent electronically directly to healthcare providers. The survey will consist of a mix of forced-choice close-ended items and limited response open-ended items. Participants will respond to the close-ended items on a scale ranging from 1 = "not at all/never/very unsatisfied" to 4 = "very well/very often/very satisfied." The provider survey will take approximately 10 minutes to complete. A follow-up survey will be sent two weeks after the initial release to those who have not yet responded. In order to assure anonymity, respondents will not identify themselves. However, on submission of the survey, respondents will contact the project manager by e-mail or phone to indicate that they have submitted the survey. This will allow the project manager to keep track of responders and non-responders.

Proposed Budget

As indicated previously in this proposal, a MHTA workgroup met several times to begin planning this project. It was through an exhaustive process that we decided the most logical and opportune approach for us to appropriately address the needs of healthcare providers on a statewide basis would be to design a two year phase-in approach to this project. The first year we propose to fund six (6) DS3 Routers which will be strategically placed throughout the state to strengthen the capacity of the core network that already exists within MHTA membership. Other costs in year one include funding a design study so that we can most efficiently develop a cost neutral network that provides benefit to all potential partners throughout the State. Our request to the FCC Pilot Program is \$257,662; we will secure an additional \$105,138 for matching funds

and project management from participating hospital foundations, local foundations and corporations. Our statewide support is reflected in the financial commitment for the required 15% match from St. Vincent Healthcare Foundation in Billings (\$10,000); Billings Clinic Foundation in Billings (\$10,000); Benefis Healthcare Foundation in Great Falls (\$10,000); St. Patrick Hospital Foundation in Missoula (\$10,000); Community Medical Center in Missoula (\$10,000) and Bozeman Deaconess Foundation in Bozeman (\$10,000). (Please see letters of commitment).

Additionally, we have received positive responses from regional foundations who have indicated they will be supportive of this project should it be funded by FCC (e.g. Murdock Charitable Trust, Paul Allen Foundation and the Montana Blue Cross/Blue Shield Foundation). We have already secured the \$44,445 required 15% match through hospital foundations identified above. We are confident we will receive a commitment from contacts made for the additional \$60,945 non-eligible expenses required to implement this project.

Year two of the budget will reflect implementation of the study design. It is our best estimate at this point that the year two budget will be \$2 million in FCC funding.

A detailed budget and budget narrative immediately follows the narrative section of this proposal.

10. Indicate how the telemedicine program will be coordinated throughout the state or region.

The Montana Healthcare Telecommunications Alliance board will oversee the implementation of the telemedicine program and the Project Manager will coordinate it throughout the state. The Project Manager will have direct reporting responsibility to the Board of Directors for the operations of the Network and will also maintain a direct reporting relationship to the Executive Director of MHREF for fiduciary and grant management activities.

As was stated earlier, MHTA has taken a progressive approach to the implementation of telehealth services in Montana. MHTA members were instrumental in getting changes in the USAC requirements for the state, and have been instrumental in the legislative language regarding telemedicine licensure for the state of Montana. Cross network media consultations can be accessed through the MHTA and education programs can be organized and accessed through the MHTA. MHTA Board of Directors had direct input to three FCC Commissioners via a teleconference that influenced Universal Access issues and decisions. MHTA has also had direct input into the writing of Montana telemedicine licensure legislation and worked collaboratively with the Montana Medical Association in the rule making process. MHTA co-sponsored on March 10, 2000, a regional Universal Service Funding workshop in Billings, MT that includes representatives from USAC, Montana Public Service Commission, and the National Association of Regulatory Utility Commissioners.

Each MHTA telemedicine network will remain independent and function independently with a strong collaborative base. These networks currently connect with each other multiple times on a

daily basis, and it is our plan to build upon that relationship. Each of the networks rely on this partnership to provide care and education to patients and healthcare providers in the region – the broadband healthcare network will allow for expanded open access and communication among healthcare facilities throughout Montana.

This project has been built upon a strong collaboration among project partners identified in this proposal. This collaborative approach was built upon the premise that it is truly a partnership model—hence the co-Project Director relationship with MHREF and MHTA, and the reporting relationship with the Board of Directors. The successful implementation of this approach will result in the program growth planned in this grant application for the state wide network development plan identified in this proposal. The organizational chart reflects the lateral relationships that have been built upon the concept of partnership where the synergy of the members allows us to successfully implement a state wide plan.

11. Indicate to what extent the network can be self-sustaining once established.

Each MHTA member network is based on a hub and spoke system. The hub sites serve as the administrative office for the network and sponsors the majority of the cost to maintain the network. Each spoke site on the network commits to an annual budget that includes network management and equipment maintenance. The self sustainability of this program is more feasible because of the broad base of funding for the individual network sites. The first year of FCC funding will support incremental growth of those networks based on strategic and business alliances and each individual facility will cover their own costs associated with network growth. Growth within the networks will not occur for expansion purposes alone; there will be a strategic and business reason for enhanced activities.

The Consortium members aligned in this proposal are committed to establishing a sustainable statewide healthcare secure broadband network. One of the first tasks for the Project Manager will be to work with the consortium to conduct a design study to define the needs of healthcare facilities in the state and the specific services and programs those facilities will need. The design study will also identify the services and programs that may be most likely to provide grant-funding (private or public sector) opportunities so that the matching requirements of the FCC pilot project can be met in order to implement and sustain activities.

The MHTA planning committee met numerous times deciding the most appropriate approach to expanding network capacity in Montana. A thorough and thoughtful consideration of numerous options occurred through several meetings both in person and over the videoconferencing systems in order to determine the most cost effective plan for the state using existing strengths and relationships. The last thing we wanted to do was to build a network that could not be sustainable beyond grant funds – cost neutrality was ever present in our minds. That is why we decided on a two year phase-in plan that will allow our rural and underserved partners to continue to **use** the existing universal service program to provide the best economic opportunity for interconnectivity. We also recognize that the second year of this project will be a much larger undertaking and we are poised to accept that responsibility both in terms of program implementation and in securing the required matching funds.

FCC Project Budget	FCC 8 Match	Other (non eligible costs)	Total Project Costs
PERSONNEL			
Project Director -MHREF	10%	\$ 9,500.00	\$ 9,500.00
Project Director - MHTA	10%		INKIND
Project Manager	50%	\$ 50,000.00	\$ 50,000.00
PERSONNEL		\$ 59,500.00	\$ 59,500.00
TRAVEL			
Statewide travel for Study Design		\$ 5,000.00	\$ 5,000.00
TOTAL TRAVEL		\$ 5,000.00	\$ 5,000.00
SUPPLIES			
		\$ 1,000.00	\$ 1,000.00
TOTAL SUPPLIES		\$ 1,000.00	\$ 1,000.00
EQUIPMENT			
Site Equipment Package			
Cisco 3845 Chassis and OS	\$ 9,500		
DS3 Module / Equivalent	\$ 4,000		
1st Yr Maint (10%)	\$ 1,350		
Installation & Configuration	\$ 750		
Site Equipment Package	\$ 15,600		
6 sites	\$ 93,600.00		\$ 93,600.00
Bandwidth - 5 MBps			
6 Urban to Urban Sites.			
One time Install	\$ 6,500		
Monthly - \$7600	\$ 91,200		
Laptop and Printer for Project Management	\$ 5,000		
TOTAL EQUIPMENT	\$ 102,700.00		\$ 102,700.00
CONTRACT			
Design study team	\$100,000		
TOTAL CONTRACT	\$ 100,000.00		\$ 100,000.00
OTHER			
Phone			
Rent			
Miscellaneous (Audit)		\$ 1,000.00	\$ 1,000.00
TOTAL OTHER		\$ 1,000.00	\$ 1,000.00
TOTAL ELIGIBLE COSTS		\$ 296,300.00	\$ 296,300.00
TOTAL REQUESTED FCC MATCH REQUIREMENT@ 15%			
	\$ 257,652.00		
	\$ 38,648.00		
TOTAL PROJECT COSTS	\$ 296,300.00	\$ 66,500.00	\$ 362,800.00

Detailed Budget Narrative

The **Fringe benefits** rate of 25% is used to calculate fringe benefits that include health insurance, taxes, unemployment insurance, life insurance, and an institutional retirement plan. It is included in the personnel costs identified in this proposal. Since personnel costs are not eligible for FCC funding, they will be covered through committed dollars from partner organizations and in-kind contributions.

Personnel: **Kip Smith** is the Executive Director of MHREF and will serve as the Co-Program Director with Doris T. Barta, President of the MHTA Board. Both Mr. Smith and Ms. Barta will dedicated 10% of their time to the implementation and oversight of this project. The \$9,500 cost for Mr. Smith's time includes administrative oversight, fringe benefits and administrative costs associated with this project. Ms. Barta will donate her time as an in-kind contribution to the project.

A Project Manager will be hired to manage this project. That individual will be responsible for drafting and submitting RFP's for the first year network expansion and for the Study Design Team. This individual will work with the vendor that is awarded the network expansion to insure that the equipment is installed adequately and the network is operational in a timely manner. The Project Manager will also work with the Study Design vendor to develop a strategic business plan for statewide implementation that will include all non-profit healthcare providers in the state of Montana.

Supplies: Supplies include paper, pens, paperclips, staples and staplers, mailing costs, printer cartridges, computer disks and CD's, copying costs, envelopes, and other supplies as deemed necessary. A lap top will also be purchased to be used in the project implementation.

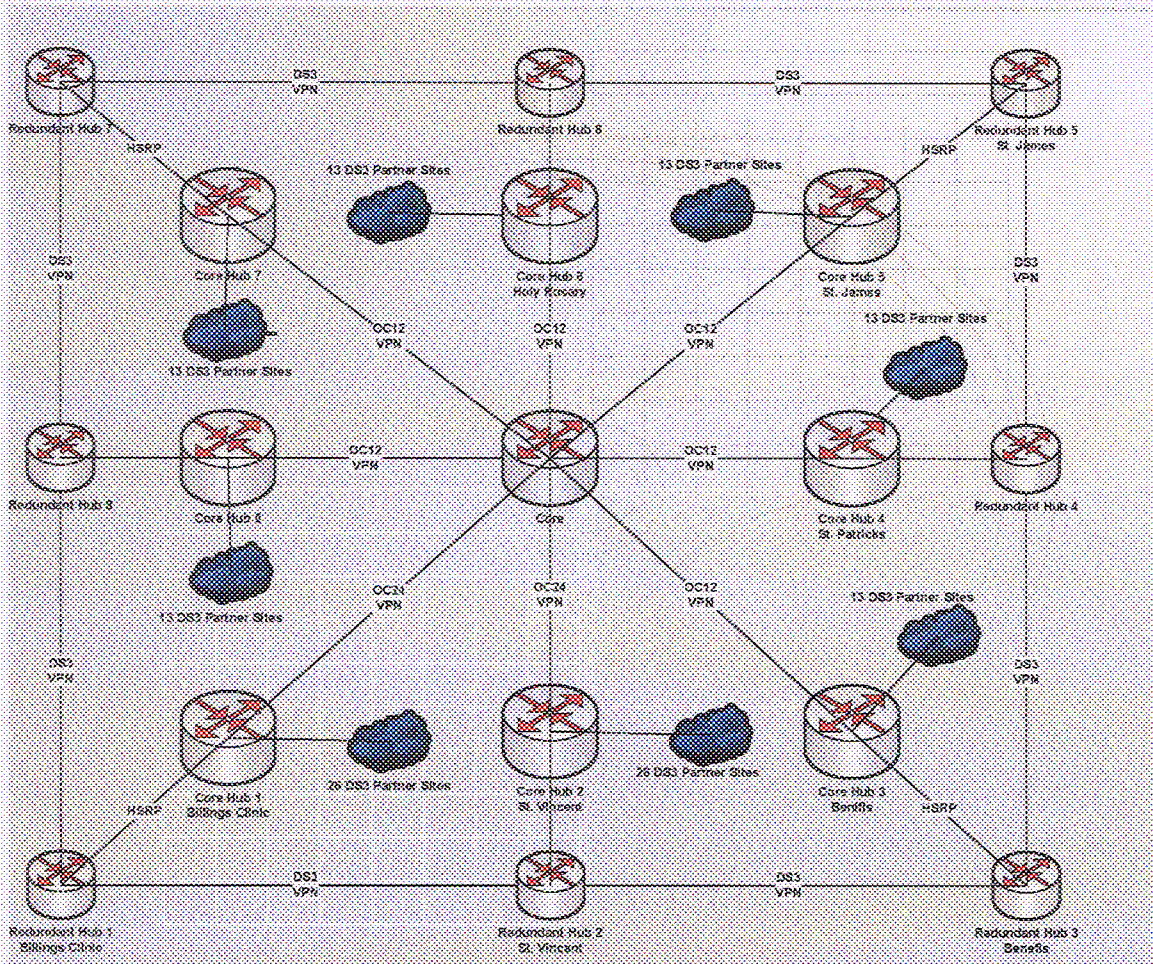
Travel: The Project Manager will travel throughout the state of Montana working with the Design Study Team identifying the telehealth needs of the rural not for profit healthcare facilities in the state. The Consortium members will also meet on a regular basis, via teleconference or videoconference. However, it will be important to bring the team together face to face at least two times during the Project (once in about six months and once in about eighteen months). Funds are included in the budget for Consortium Member travel. This is an expense that is not allowed for FCC reimbursement, so it will be covered through other funds.

Equipment:

The equipment that will be purchased in year one includes a Cisco 3845 Chassis and OS; a DS3 Module/Equivalent, 1st Year maintenance, and installation and configuration. The cost for each site is \$15,600. There will be six sites added to the network, so the total cost for equipment is \$93,600. This is an allowable expense and will use FCC funds. Bandwidth is included for each of the sites at 5 MBps. There is a one time installation of \$7,600. Total bandwidth costs are \$91,200 (\$7,600 month x 12 months). A Laptop and printer are also included in the equipment category in the amount of \$5,000 for project management. Total equipment costs associated with this grant are \$296,300. The **FCC request is \$257,652** and the match is \$38,648.

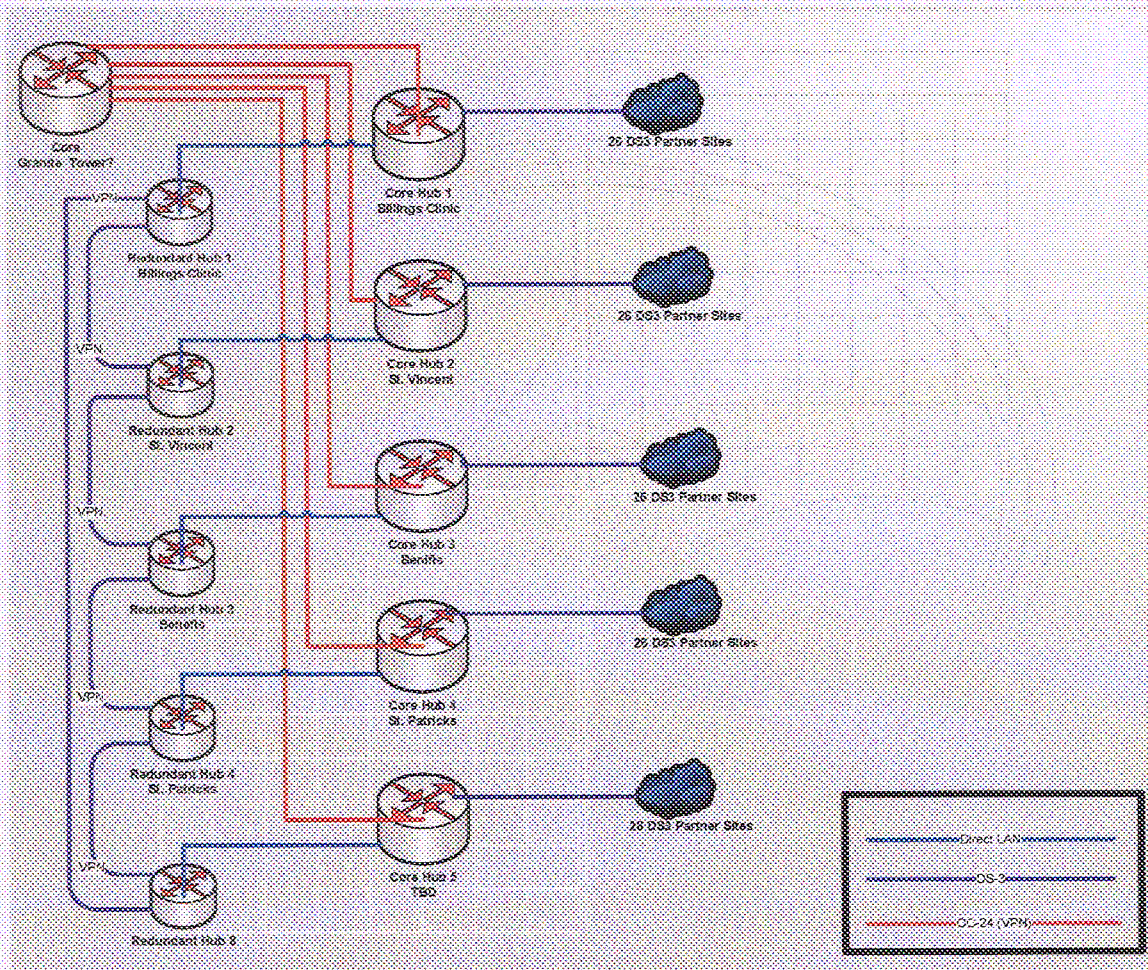
Year two planned expansion:

In the technical discussions leading into what a future state of a network design and level of required complexity would need to look like the group penned out the diagram below as a possible solution. The design is hub and spoke to allow services to be provided and delivered on any point to point as a transactional basis on the proposed network and some educated assumptions on bandwidth required to allow it to happen. We then went to a network provider with sites identified that were located throughout the state of Montana to receive a ball park pricing. The pricing would included OC 12 bandwidth with DS3 connecting the POP's it does not include loops out to any rural facilities with the intention that RHCD funding would continue in its existing state.



This level of connectivity would run \$50 to \$85,500 / month and still allow future growth without rebuilds. We estimate that this design would cost up to \$2 million for a statewide implementation. With this type of price tag the group became very uncomfortable with dealing with several issues on a network of this high of a level of complexity. Actually designing, specification, negotiating service level agreements, rfp-rfq, awarding the contract - building testing and delivering this robust of a network in a short time frame

was doable but not within the workloads of the group. Requesting volunteer expertise for a proposal of this magnitude left too much to chance.



The technical group felt realistically the following design is a simplification of what the network could be designed like to allow growth and redundancy.

The technical group felt very comfortable delivering the core hubs (shown as red above) as a foundation for the proposal in a very short time period. In conjunction with expertise of a network and equipment provider development of the SLA and interconnectivity in a subsequent deliverable was easily achieved. Once the service provider was determined the solution would also be deliverable in a short time span.

There were numerous issues that were the chicken and the egg conundrum – such as you can not determine last mile network equipment until the carrier backhaul provider is determined (wired or wireless?) then once one set of questions are answered the rest will fall into place.

FrontierAccess to Healthcare in Rural Montana (FAhRM) -
A Multidisciplinary Approach in the Big Sky Country
Healthcare Facilities and Address, Zip Code RUCA and Phone Number

Network	Name	Address	City	State	Zip	Phone	RUCA Code
Eastern Montana Telemedicine Network							
	Roosevelt Memorial Medical Center	818 Second Avenue East	Culbertson		59218-0419	(406) 787-6401	10
	Sidney Health Center	216 14th Avenue SW	Sidney	MT	59270-3586	(406) 488-2510	7
	Glendive Medical Center	202 Prospect Drive	Glendive	MT	59330-1999	(406) 345-8916	7
	Eastern Montana Mental Health Center	2508 Wilson Street	Miles City	MT	59301	(406) 234-1687	7
	Miles City Holy Rosary	2600 Wilson Street	Miles City	MT	59301-5094	(406) 233-2600	7
	Colstrip Medical Center	6230 Main	Colstrip	MT	59323	(406) 748-3600	10
	Billings Clinic	2800 10th Avenue North	Billings	MT	59101-0799	(406) 238-5460	1
	Frances Mahon Deaconess Hospital	621 Third Street South	Glasgow	MT	59230-2699	(406) 228-4333	7
	Fallon Medical Complex Hospital	202 South 4th St. West	Baker	MT	59313-0820	(406) 778-3331	10
	Yellowstone City-County Health - VNS Hospice	PO Box 35033	Billings	MT	59107-5033	(406) 247-3200	1
	North Big Horn Hospital	1115 Lane 12	Lovell	WY	82431	(307) 548-5200	10
	Phillips County Medical Center	417 South Fourth Street East	Malta	MT	59538	(406) 654-5301	10
	Daniels Memorial Hospital	105 5th Avenue East	Scobey	MT	59263-0400	(406) 487-5331	10
	Sheridan Memorial Hospital	440 West Laurel Avenue	Plentywood	MT	59524-1596	(406) 765-1420	10
	Northeast Montana Health Services, Inc - Poplar Community Hospital	H & Court Avenue	Poplar	MT	59255	(406) 768-6100	7
	Cody Clinic	201 Yellowstone Ave	Cody	WY	82414	(307) 527-7161	7
	Pioneer Medical Center - CAH	301 West Seventh Ave	Big Timber	MT	59011-1228	(406) 932-4603	10
	Livingston Memorial Hospital	504 South 13th Street	Livingston	MT	59047-3798	(406) 222-3541	7
	Stillwater Community Hospital	44 West Fourth Avenue North	Columbus	MT	59019-7126	(406) 322-5316	10
	Custer County Community Health Center	VA Medical Center, 210 South	Miles City	MT	59301	(406) 234-8793	7
	Rosebud Health Care Center	383 North 17th Avenue	Forsyth	MT	59327-0268	(406) 346-2161	10
	Beartooth Hospital & Health Care	600 W 21st Street	Red Lodge	MT	59068-0590	(406) 446-1112	10
	Montana Primary Care Association	900 North Montana Ave	Helena	MT	59601	(406) 442-2750	4
	Bozeman OB/GYN	925 Highland Blvd	Bozeman	MT	59715	(406) 587-9202	4
Partners in Health Telemedicine Network							
	Northern Cheyenne Service Unit, Northern Cheyenne Clinic	PO Box 70	Lame Deer	MT	59043	406-477-4400	10
	US PHS Indian Hospital	PO Box 9	Crow Agency	MT	59022-0009	(406) 638-2626	10.6
	Billings Area Indian Health Service	PO Box 36600	Billings	MT	59107	(406) 247-7100	1
	Ashland Community Health Center	PO Box 47	Ashland	MT	59003	(406) 784-2349	10
	Clarks Fork Medical Center	410 S. 2	Bridger	MT	59014	(406) 662-3740	10.4
	Mountain View Clinic	501 W. 20th	Red Lodge	MT	59068	(406) 446-3800	10
	Absarokee Medical Clinic	55 N. Montana	Absarokee	MT	59001	(406) 328-4497	10
	St. Vincent Healthcare	1233 North 30th Street	Billings	MT	59101	(406) 657-7000	1
	Wheatland Memorial Hospital	530 Third Street North	Harlowton	MT	59036-0287	(406) 632-4351	10
	Central Montana Medical Center	408 Wendell Avenue	Lewistown	MT	59457-2261	(406) 538-7711	7
	Basin Medical Center	76 Central Ave	Stanford	MT	59479	(406) 566-2773	10.6
	West Park Hospital	707 Sheridan Ave	Cody	WY	82414	(307) 527-7501	7
	Montana Orthopedics & Sports Medicine	2900 12th Ave North, Suite 10	Billings	MT	59101	(406) 238-6700	1
	Fetal Diagnostic Center	2900 12th Ave North	Billings	MT	59101	(406) 237-5888	1
	Yellowstone Dermatology	2900 12th Ave North	Billings	MT	59101	(406) 238-6115	1
	Bozeman Deaconess Hospital	915 Highland Boulevard	Bozeman	MT	59715-6999	(406) 585-5000	4
	Shodair Children's Hospital	2755 Colonial Drive	Helena	MT	59601-4926	(406) 444-7550	4
	St. James Healthcare	400 South Clark Street	Butte	MT	59701-2328	(406) 723-2500	4
	Holy Rosary Healthcare		Miles City	MT			7
	Community Crisis Center	704 North 30th	Billings	MT	59101	(406) 259-8800	1

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Healthcare Facilities and Address, Zip Code RUCA and Phone Number

Network	Name	Address	City	State	Zip	Phone	RUCA Code
	South Central Regional Mental Health Center	1245 N. 29th Street	Billings	MT	59103	(406) 252-5658	1
Reach Health Telemedicine Network							
	Benefis Healthcare (West Campus)	500 15th Ave South	Great Falls	MT	59403	(406) 455-2130	1
	Big Sandy Medical Center	3 Montana Avenue	Big Sandy	MT	59520-0530	(406) 378-2188	10
	Glacier Community Health Center	519 East Main Street	Cut Bank	MT	59427	(406) 873-5670	7
	Liberty County Hospital & Nursing Home	418 W. Monroe	Chester	MT	59522-0705	(406) 759-5181	10
	Missouri River Medical Center	1501 St. Charles Street	Ft. Benton	MT	59442-0249	(406) 622-3331	10.4
	Mountainview Medical Center	16 W. Main Street	White Sulpher Springs	MT	59645	(406) 547-3321	10
	Northern Montana Hospital	30 Thirteenth Street	Havre	MT	59501-5222	(406) 262-1175	4
	Pondera Medical Center	805 Sunset Boulevard	Conrad	MT	59425-1721	(406) 271-3211	7
	Teton Medical Center	915 Fourth Street NW	Choteau	MT	59422-9123	(406) 466-5763	10
	Marias Medical Clinic	640 Park Drive	Shelby	MT	59474	(406) 434-3200	7
	Sweet Community Health Center, Inc.	419 Pennsylvania	Chinook	MT	59523	(406) 357-2294	10.5
	Golden Triangle Mental Health	201 1st Ave NE	Great Falls	MT	59403	(406) 338-5566	1
	Sletten Cancer Institute	1117 29th Street South	Great Falls	MT	59403	(406) 731-8200	1
	MT State University, College Of Technology	2100 16th Ave South	Great Falls	MT	59403	(406) 771-4300	1
	Phillips County Hospital	311 South 8th Ave E	Malta	MT	59538	(406) 654-1100	10
	Center for Mental Health	915 1st Avenue	Great Falls	MT	59401	(406) 761-2100	1
Montana Cardiology Telemedicine Network							
	St. Patrick Hospital & Health Sciences Center	500 West Broadway	Missoula	MT	59802-4096	(406) 329-5600	1
	Community Hospital of Anaconda	401 West Pennsylvania Street	Anaconda	MT	59711-1999	(406) 563-8500	7.4
	Marcus Daly Memorial Hospital	1200 Westwood Drive	Hamilton	MT	59840-2395	(406) 363-2211	7
	Clark Fork Valley Hospital	10 Kruger Road	Plains	MT	59859-0768	(406) 826-4800	10
	St. Joseph Hospital Corp.	6 13th Avenue East	Polson	MT	59860-5316	(406) 883-5377	7
	Powell County Medical Center	1101 Texas Avenue	Deer Lodge	MT	59722-1828	(406) 846-2212	7
	Barrett Memorial Hospital	1260 South Atlantic Street	Dillon	MT	59725-3597	(406) 683-3104	7
	Marias Medical Center	640 Park Drive	Shelby	MT	59474-1663	(406) 434-3200	7
	Bitterroot Valley Education Cooperative	300 Park Street	Stevensville	MT	59870	(406) 777-5509	10.1
	Great Falls Clinic - Choteau	914 4th NW	Choteau	MT	59422	(406) 466-5255	10
	St. Peter's Hospital	2475 Broadway	Helena	MT	59601-4999	(406) 442-2480	4
	Bull River Medical Clinic	1027 Hwy 200 East	Noxon	MT	59853	(406) 847-2100	10
	Hot Springs Medical Clinic	209 Main Street	Hot Springs	MT	59845	(406) 741-3602	10
	Thompson Falls Clinic	120 Pond St	Thompson Falls	MT	59873	(406) 827-4442	10
	Mission Mountain Medicine	330 6 Tract Lane	St. Ignatius	MT	59865	(406) 745-2781	10
	Confederated Salish & Kootenai Tribes		St. Ignatius	MT	59865	(406) 745-2426	10
	Frenchtown Family Medicine	1684 Beckwith St	Frenchtown	MT	59808	(406) 626-5769	1
	Seeley Swan Medical Center	3050 Hwy 83 North	Seeley Lake	MT	59868	(406) 677-2277	2
	Lolo Family Practice	11350 Hwy 93 South	Lolo	MT	59847	(406) 273-0045	2
	Florence Family Practice	5549 Old Hwy 93	Florence	MT	59833	(406) 273-4923	2
	Steele Memorial Hospital	203 S. Daisy Street	Salmon	ID	83467-4336	(208) 756-2424	7
	Benefis Healthcare (West Campus)	500 15th Ave South	Great Falls	MT	59403	(406) 455-2130	1
	St. James Healthcare	400 South Clark Street	Butte	MT	59701-2328	(406) 723-2500	4
Western Montana Telehealth Network							
	Community Medical Center	2827 Fort Missoula Road	Missoula	MT	59804-7408	(406) 728-4100	1
	Marcus Daly Memorial Hospital	1200 Westwood Drive	Hamilton	MT	59840-2395	(406) 363-2211	7

FrontierAccess to Healthcare Healthcare in Rural Montana (FAhRM) -
A Multidisciplinary Approach in the Big Sky Country
Healthcare Facilities and Address, Zip Code RUCA and Phone Number

Network	Name	Address	City	State	Zip	Phone	RUCA Code
	Clark Fork Valley Hospital	10 Kruger Road	Plains	MT	59859-0768	(406) 826-4800	10
	St. Luke's Healthcare Network	107 6th Avenue SW	Ronan	MT	59864-2634	(406) 676-4441	10
	Mineral County Hospital	Roosevelt & Brooklyn	Superior	MT	59872-9603	(406) 822-4841	10.4
	St. Joseph Hospital Corp.	6 13th Avenue East	Polson	MT	59860-5316	(406) 883-5377	7
	Community Hospital of Anaconda	401 West Pennsylvania Street	Anaconda	MT	59711-1999	(406) 563-8500	7.4
	Granite County Medical Center	310 Sansome Street	Philipsburg	MT	59858-0729	(406) 859-3271	10
	Powell County Medical Center	1101 Texas Avenue	Deer Lodge	MT	59722-1828	(406) 846-2212	7
	Barrett Memorial Hospital	1260 South Atlantic Street	Dillon	MT	59725-3597	(406) 683-3104	7
	Steele Memorial Hospital	203 S. Daisy Street	Salmon	ID	83467-4336	(208) 756-2424	7
Possible sites for expansion in Year two							
	In-Care Network	2906 2nd Avenue North	Billings	MT	59101	(406) 259-9616	1
	New Day Inc	301 Coburn Road	Billings	MT	59101	(406) 254-2340	1
	Rimrock Foundation - MHC	1231 N. 29th Street	Billings	MT	59101	(406) 248-3175	1
	Montana Community Services	2048 Overland Suite	Billings	MT	59102	(406) 656-5976	1
	Youth Dynamics Inc	2334 Lewis Avenue	Billings	MT	59102	(406) 245-6539	1
	Yellowstone Boys & Girls Ranch	1732 S. 72nd Street West	Billings	MT	59106	(406) 655-2100	2
	Boulder Medical Clinic, Inc.	214 S. Main	Boulder	MT	59632	(406) 225-4201	5
	Powder River Medical Clinic	PO Box 489	Broadus	MT	59317	(406) 436-2333	10
	US PHS Blackfeet Community Hospital	PO Box 760	Browning	MT	59417-0760	(406) 338-6191	7
	Alta Care of Montana	55 Basin Creek Rd	Butte	MT	59701	(406) 494-4183	4
	Butte Community Health Center, Inc	445 Centennial Drive	Butte	MT	59702	(406) 723-4075	4
	McCone County Medical Assistance Facility	PO Box 47	Circle	MT	59215-0048	(408) 485-3381	10.6
	Northern Rockies Medical Center, Inc	802 Second Street SE	Cut Bank	MT	59427-3331	(406) 873-2251	7
	Margo Bowers Health Center	26 E. Broadway	Drummond	MT	59832	(406) 288-3627	10
	Dahl Memorial Healthcare Association	215 Sandy Street	Ekalaka	MT	59324	(406) 775-6452	10
	Madison Valley Hospital	217 North Main Street	Ennis	MT	59729-0397	(406) 682-7475	10
	Sidney Health Center	419 S. Ellery	Fairview	MT	59221	(406) 488-2100	10.6
	Benton Medical Center	1203 15th Street	Ft. Benton	MT	59442	(406) 622-5485	10.4
	Veterans Affairs Montana Healthcare System	Highway 12 & William Street	Ft. Harrison	MT	59636-6410	(406) 442-6410	4
	Glasgow Clinic, Inc.	221 5th Ave South	Glasgow	MT	59230	(406) 228-3400	7
	Gabert Clinic	107 Dilworth	Glendive	MT	59330-1999	(406) 345-8901	7
	Central Montana Surgical Hospital	1411 9th Street South	Great Falls	MT	59405	(406) 727-5577	1
	Community Health Care Center, Inc	115 4th Street South	Great Falls	MT	59405-4597	(406) 454-6973	1
	Big Horn County Memorial Hospital	17 North Miles Ave	Hardin	MT	59034-0430	(406) 665-2310	7
	US PHS Indian Hospital	Rural Route 1, Box 67		MT	59526	(406) 353-3100	10
	Northern Montana Medical Group RHC	20 W. 13th Street	Havre	MT	59501	(406) 265-7831	4
	Northern Montana Medical Group East	124 13th Street	Havre	MT	59501	(406) 265-5408	4
	Garfield County Health Center	332 Leavitt Avenue	Jordan	MT	59337-0038	(406) 557-2500	10
	Healthcenter Northwest	320 Sunnyview Lane	Kalispell	MT	59901	(406) 751-7500	4
	Kalispell Regional Medical Center	310 Sunnyview Lane	Kalispell	MT	59901-3199	(406) 752-5111	4
	Northwest Behavioral Health	7325 Hwy 93 South	Lakeside	MT	59922	(406) 752-5111	5
	Libby Clinic	211 E. 2nd Street	Libby	MT	59923	(406) 293-8715	7
	Lincoln County Community Health Center, Inc.	711 California Avenue	Libby	MT	59923	(406) 293-3755	7
	St. John's Lutheran Hospital	350 Louisiana Avenue	Libby	MT	59923-2198	(406) 293-0100	7
	Community Health Partners, Inc.	126 South Main Street	Livingston	MT	59047	(406) 222-1111	7

Frontier Access to Healthcare in Rural Montana (FAhRM) -
A Multidisciplinary Approach in the Big Sky Country
Healthcare Facilities and Address, Zip Code RUCA and Phone Number

Network	Name	Address	City	State	Zip	Phone	RUCA Code
	Park Clinic	1001 River Drive	Livingston	MT	59047	(406) 222-0800	7
	Phillips County Family Health Clinic	315 8th Avenue East	Malta	MT	59538	(406) 654-1800	10
	Manhattan Medical Services	207 South 5th Avenue	Manhattan	MT	59741	(406) 284-3393	10.2
	Partnership Health Center, Inc	323 West Alder	Missoula	MT	59802	(406) 258-4789	1
	Western Montana Regional Community Mental Health	Building T9 Fort	Missoula	MT	59804	(406) 363-1051	1
	Riverside Family Clinic Inc	210 Riverside Dr	Poplar	MT	59255	(406) 768-5171	7
	Musselshell Co. Medical Center	1207 2nd Street West	Roundup	MT	59072	(406) 323-3337	10.4
	Roundup Memorial Hospital	1202 Third Street West	Roundup	MT	59072-1816	(406) 323-2301	10.4
	Daniels Memorial Medical Clinic	105 5th Avenue East	Scobey	MT	59263	(406) 487-5000	10
	The Ruby Valley Hospital	220 East Crofoot Street	Sheridan	MT	59749-0336	(406) 842-5453	10
	Prairie County Rural Health Clinic	312 South Adams Avenue	Terry	MT	59349	(406) 635-5863	10.6
	Prairie Community Health Center	312 South Adams Avenue	Terry	MT	59349-0156	(406) 635-5511	10.6
	Three Rivers Rural Health Clinic	16 Railway Ave	Three Forks	MT	59752	(406) 285-3251	10.5
	Broadwater Health Center	110 North Oak Street	Townsend	MT	59644-2399	(406) 266-3186	10
	Twin Bridges RHC	104 Madison St	Twin Bridges	MT	59754	(406) 684-5546	10
	Montana State Hospital	Warm Springs Campus	Warm Springs	MT	59756	(406) 693-7000	8
	Montana State Hospital Transitional Care	Warm Springs State	Warm Springs	MT	59756	(406) 693-7000	8
	North Valley Hospital	6575 Highway 93 South	Whitefish	MT	59937-2990	(406) 863-3500	7.1
	Listerud's Rural Health Clinic	301 Knapp Street	Wolf Point	MT	59201	(406) 653-2150	7
	Northeast Montana Health Services	315 Knapp Street	Wolf Point	MT	59201	(406) 768-6100	7